

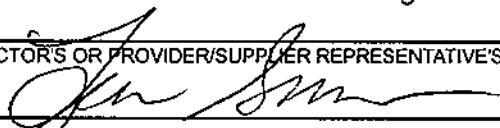
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2013
FORM APPROVED
OMB NO. 0938-0391

45th 4/13/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/27/2013
NAME OF PROVIDER OR SUPPLIER GREYSTONE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 181 DUNLAP ROAD, PO BOX 1133 BLOUNTVILLE, TN 37617		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain a call light within reach, for one resident, (#9) of forty sampled residents.</p> <p>The findings included:</p> <p>Resident #9 was readmitted to the facility on July 17, 2012, with diagnoses including Viral Hepatitis, Seizure Disorder, Gastro esophageal Reflux, Hypertension, Aphasia, and Respiratory Failure.</p> <p>Review of the Significant Change Minimum Data Set dated December 14, 2012, revealed the resident was unable to speak, had upper and lower extremity limitations in range of motion, and was dependent for all activities of daily living.</p> <p>Observation on February 26, 2013, at 10:00 a.m., in the resident's room, revealed the resident sitting upright in bed, waving his hands toward the door. Continued observation revealed the resident pointing towards a tube feeding line affixed to a tube feeding pump, which was dislodged from a gastrostomy tube (surgically implanted tube into the stomach through the</p>	F 246	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged, or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed in conformity with state and federal law.</p> <p>F246 Reasonable accommodation</p> <p>The call cord was immediately placed back within reach resident #9 by the CNA upon discovery.</p> <p>Current residents were checked by unit managers on 3/6/13 to ensure all call cords were in reach of residents.</p> <p>All staff will be re-educated by 3/15/13 by the SDC regarding the placement of call light cords for residents.</p> <p>Rounds on all residents will be completed by administrative staff to check for call light cord placement 3 times weekly for 1 week, twice weekly for 2 weeks and then weekly for 3 months.</p> <p>Results of the rounds for call light cord placement will be reported to the QA&A Committee monthly for 3 months with revision to the plan as deemed by the QA&A Committee.</p>	3/15/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

3/15/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 246	Continued From page 1 abdominal wall) affixed to the resident. Continued observation revealed a small amount of tube feeding liquid pooled on the bed sheets, and on the residents clothing beneath the dislodged tube. Continued observation revealed the call light, hanging off the right side of the bed beneath the raised upper bed rail out of reach of the resident Interview with Certified Nursing Assistant (CNA) #1 on February 26, 2013, at 10:06 a.m., in the resident's room, confirmed the resident was unable to speak, had limited range of motion in the upper extremities, and the call light was out of reach of the resident.	F 246			
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format.	F 356	F356 Posted Nurse Staffing The 2/25/13 staffing report was immediately prepared by the scheduler, and retroactive data was collected for 2/23/13 and 2/24/13 and placed on the staffing sheets. Residents were observed by the Unit Managers to determine if any were affected by the staffing sheets not being posted and none were identified. The Staffing Coordinator and week-end managers will be re-educated by the SDC by 3/15/13 regarding completion and posting of staffing sheets. The Administrator and/or house supervisor will observe for posting of the staffing information 3 times weekly for a week, then twice weekly for 2 weeks and then weekly Results of the posting of the staffing information audits will be reported to the QA&A Committee with revisions to the plan as deemed by the QA&A Committee.	3/15/13	

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F 356	Continued From page 2 o In a prominent place readily accessible to residents and visitors. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post nurse staffing information on a daily basis. The findings included: Observation on February 25, 2013, at 9:50 a.m., revealed the nurse staffing information posted was dated February 22, 2013. Observation and interview on February 25, 2013, at 9:55 a.m., with the Director of Nursing, on the first floor hallway, revealed the posted nurse staffing information was dated February 22, 2013. Interview with Director of Nursing, at the time of the observation, confirmed the nurse staffing information had not been posted daily since February 22, 2013.	F 356			
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or	F 371			

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F 371	<p>Continued From page 3 considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of manufacturer's instructions, and interview the facility failed to ensure cooking equipment was disinfected properly in the three compartment sink.</p> <p>The findings included:</p> <p>Observation on February 26, 2013, at 9:27 a.m., revealed Dietary Cook #1 washing, rinsing, and submerging cooking equipment in the three compartment sink. Continued observation revealed the Dietary Cook submerged the cooking equipment in the sanitizer and immediately removed the cooking equipment.</p> <p>Record review of the manufacturer's recommendations for sanitizer revealed "...Directions for use...expose all surfaces of equipment, ware or utensils to the sanitizing solution for a period of not less than one minute..."</p> <p>Interview on February 26, 2013, at 9:33 a.m., with the Dietary Manager and Dietary Cook #1, in the dietary department, confirmed the cooking equipment was not sanitized per manufactures recommendations and the staff had not been</p>	F 371	<p>F371 Sanitary food procurement storage, preparation and service</p> <p>Dietary staff has immersed utensils/pots/pans for one full minute in an approved sanitizer after washing/rinsing in the 3 compartment sink.</p> <p>Residents were observed by the Unit Managers on 2/28/13 for signs of illness which could be related to non-immersion of cookware in sanitizer for one full minute. None were identified.</p> <p>Every cook was educated the week ending 3/2/2013 on the proper technique for using the three compartment sink. All other dietary staff will be educated on or before 3/15/13.</p> <p>Dietary Staff will be re-educated by the Dietary Manager by 3/15/13 regarding immersing cookware in an approved sanitizer for a full minute after washing/rinsing.</p> <p>The Dietary Manager will complete random audits to check for 1 minute immersion in the sanitizer 3 times weekly for 1 week, twice weekly for 2 weeks and then weekly.</p> <p>Audit results will be reported to the QA&A Committee monthly with revision to the plan as deemed by the QA&A Committee. All corrections and system changes will be underway or in place by 3/15/13.</p>	3/15/13	

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F 371	Continued From page 4 instructed on proper contact times for the sanitizer.	F 371			

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